

IHCP *bulletin*

INDIANA HEALTH COVERAGE PROGRAMS BT202099 SEPTEMBER 1, 2020

IHCP updates podiatry policy

Effective for dates of service (DOS) on or after October 1, 2020, the Indiana Health Coverage Programs (IHCP) will be changing podiatry code benefit coverage from a rolling 12-month period to per calendar year.

The following fee-for-service (FFS) podiatry benefit limit explanations of benefits (EOBs) are impacted. These podiatry benefit limits are displayed on the IHCP Provider Healthcare Portal:

- EOB 6090 – *Indiana Medicaid benefits allow payment for one (1) podiatry office visit per recipient per calendar year.*
(Note: This EOB is not per provider.)
- EOB 6855 – *Reimbursement is limited to six routine foot care services per year for patients with diabetes mellitus, peripheral vascular disease, or peripheral neuropathy, unless prior authorization has been obtained.*



This change will apply to all IHCP programs, including managed care.

Reimbursement, prior authorization (PA), and billing information applies to services delivered under the FFS delivery system. Individual managed care entities (MCEs) establish and publish reimbursement, PA, and billing criteria within the managed care delivery system. Questions about managed care billing and PA should be directed to the MCE with which the member is enrolled.

QUESTIONS?

If you have questions about this publication, please contact Customer Assistance at 1-800-457-4584.

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